

FEC FORM 9  
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name U.S. Chamber of Commerce		2. FEC Identification Number C30001101
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1615 H Street, NW		
(c) City, State and ZIP Code Washington DC 20062		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period 08/31/2010 through 09/08/2010
---	---

5. (a) Date of Public Distribution(a) 09/08/2010 (b) Communication Title "Can't Work" TV ad - Fresno/Visalia

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)  
(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15  
(e) ☐ Other, specify: \_\_\_\_\_

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes ☐ No ☐

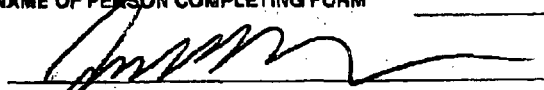
8. Custodian of Records

(a) Name James W. Robinson	
(b) Address (number and street) 1615 H Street, NW	
(c) City, State and ZIP Code Washington DC 20062	
(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce	(e) Occupation Senior Vice President

9. Total Donations This Statement 10

10. Total Disbursements/Obligations This Statement 122756.50

Under penalty of perjury, I certify that this statement is true, correct and complete.  
TYPE OR PRINT NAME OF PERSON COMPLETING FORM James W. Robinson

SIGNATURE  DATE Sept 8, 2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

PAGE 2 OF 3

**11. Person(s) Sharing/Exercising Control**

<b>A. (a) Name</b>	
Bill Miller	
<b>(b) Address (number and street)</b>	
1615 H Street, NW	
<b>(c) City, State and ZIP Code</b>	
Washington DC 20062	
<b>(d) Name of Employer or Principal Place of Business</b>	<b>(e) Occupation</b>
U.S. Chamber of Commerce	Senior Vice President
<b>B. (a) Name</b>	
James W. Robinson	
<b>(b) Address (number and street)</b>	
1615 H Street, NW	
<b>(c) City, State and ZIP Code</b>	
Washington, DC 20062	
<b>(d) Name of Employer or Principal Place of Business</b>	<b>(e) Occupation</b>
U.S. Chamber of Commerce	Senior Vice President
<b>C. (a) Name</b>	
<b>(b) Address (number and street)</b>	
<b>(c) City, State and ZIP Code</b>	
<b>(d) Name of Employer or Principal Place of Business</b>	<b>(e) Occupation</b>
<b>D. (a) Name</b>	
<b>(b) Address (number and street)</b>	
<b>(c) City, State and ZIP Code</b>	
<b>(d) Name of Employer or Principal Place of Business</b>	<b>(e) Occupation</b>
<b>E. (a) Name</b>	
<b>(b) Address (number and street)</b>	
<b>(c) City, State and ZIP Code</b>	
<b>(d) Name of Employer or Principal Place of Business</b>	<b>(e) Occupation</b>

## SCHEDULE 9-B

## Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <u>Mentzer Media</u>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;">08/31/2010</div>	
<b>Mailing Address of Payee</b> <u>600 Fairmount Avenue</u>				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;">12,000.00</div>	
<b>City</b> <u>Towson</u>	<b>State</b> <u>MD</u>	<b>Zip Code</b> <u>21286</u>	<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;">09/08/2010</div>		
<b>Name of Employer</b> 				<b>Occupation</b> 	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <u>"Can't Work" TV ad - Fresno/Visalia</u>					
<b>Name of Federal Candidate</b> <u>Barbara Boxer</u>		<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <u>CA</u>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> 	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> 	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <u>McCarthy Marcus Hennings</u>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;">09/07/2010</div>	
<b>Mailing Address of Payee</b> <u>1850 M Street, NW, Suite 235</u>				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;">10,756.50</div>	
<b>City</b> <u>Washington</u>	<b>State</b> <u>DC</u>	<b>Zip Code</b> <u>20036</u>	<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;">09/08/2010</div>		
<b>Name of Employer</b> 				<b>Occupation</b> 	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <u>"Can't Work" TV ad - Fresno/Visalia</u>					
<b>Name of Federal Candidate</b> <u>Barbara Boxer</u>		<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <u>CA</u>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> 	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> 		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> 	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ..... ▶	<div style="border: 1px solid black; padding: 2px;">12,275.65</div>
<b>TOTAL This Period (last page this line number only)</b> ..... ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px;">12,275.65</div>

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A  
PREPARER

N/A  
DATE PREPARED